

DEC 15 2004

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**From: Karen R. Zachow, Ph.D. – Reg. No. 46,332**

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**Comments:**

ATTORNEY DOCKET: 322732000401  
GROUP ART UNIT: 1648  
EXAMINER: B. Li  
SERIAL NO.: 10/028,172  
FILING DATE: December 21, 2001  
INVENTOR(S): Yoichi TAKAHAMA et al.  
TITLE: DIAGNOSTIC REAGENT FOR HEPATITIS C VIRUS INFECTION

**Papers Attached:**

1. RCE Transmittal (1 page)
2. Fee Transmittal (1 page + duplicate for fee processing)
3. Petition for Extension of Time (1 page)

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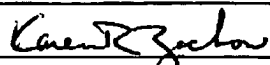
sd-235508

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0851-0032

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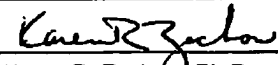
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/028,172
		Filing Date	December 21, 2001
		First Named Inventor	Yoichi Takahama
		Examiner Name	B. Li
		Art Unit	1648
TOTAL AMOUNT OF PAYMENT (\$) 1,690.00		Attorney Docket No.	322732000401
<b>METHOD OF PAYMENT (check all that apply)</b>			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>			
FILING FEES		SEARCH FEES	
Application Type	FEE (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	0.00
Design	200	100	0.00
Plant	200	100	0.00
Reissue	300	150	0.00
Provisional	200	100	0.00
EXAMINATION FEES		EXAMINATION FEES	
Application Type	FEE (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	200	100	0.00
Design	130	65	0.00
Plant	160	80	0.00
Reissue	600	300	0.00
Provisional	0	0	0.00
<b>2. EXCESS CLAIM FEES</b>			
Fee Description		Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP	x		0.00
HP + highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP	x		0.00
HP + highest number of independent claims paid for, if greater than 3			
<b>3. APPLICATION SIZE FEE</b>			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
- 100 =	/ 50 =	(round up to a whole number) x	
<b>4. OTHER FEE(S)</b>			
Non-English Specification, \$130 fee (no small entity discount)			Fee Paid (\$)
Other: 3-Months extension of time (1 month already paid for; \$1020.00 - \$120.00 = \$900.00)			\$900.00
Request for Continued Examination			\$790.00
<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	46,332
Name (Print/Type)	Karen R. Zachow, Ph.D.	Telephone	(858) 720-5191
		Date	December 15, 2004

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032  
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